



ATTENDEE REGISTRATION FORM

May 22-25, 2010 - McCormick Place - Chicago, IL USA

**Advance Registration
Deadline: April 16, 2010**

*Online registration will remain
open through May 24, 2010.*

**You must provide
your business' tax ID
number or attach a
business card here**

3 Ways to Register

www.restaurant.org/show

Mail to: NRA Registration Headquarters
P.O. Box 624, Brookfield, IL 60513-0624

Fax:
(708) 344-4444

Step 1 Contact Information

PLEASE PRINT CLEARLY and complete all fields. The Show is for trade only and not open to the public. Badges mail individually unless requested otherwise. Badges will begin mailing in April.

FIRST NAME (as you would like it to appear on badge)		LAST NAME
PROFESSIONAL TITLE		
COMPANY NAME		
ADDRESS		CITY
STATE/PROVINCE	POSTAL CODE	COUNTRY
PHONE	FAX	
EMAIL	COMPANY WEBSITE	

Are you at least 21 years of age?

☐ Yes ☐ No

If not 21, are you at least 16 years of age?

☐ Yes ☐ No

Have you attended NRA Show in the past?

☐ Yes ☐ No

Tax ID Number

**No one under age 16
(including infants and
toddlers) will be admitted.**

Step 2 Industry Classification

Check **one** box that best represents you and answer the corresponding questions below.

☐ Restaurant/Foodservice/Retail ☐ Lodging ☐ Dealer/Distributor ☐ Affiliated ☐ Supplier

Restaurant/Foodservice/Retail

What term BEST describes your establishment or operation?

Restaurant/Foodservice Commercial

- 1 ☐ Table Service - Fine Dining
- 2 ☐ Table Service - Casual Dining
- 3 ☐ Table Service - Family Dining
- 4 ☐ Quick Service
- 5 ☐ Fast Casual
- 6 ☐ Pizza
- 7 ☐ Bar/Tavern/Pub/Brewery
- 8 ☐ Coffee Shop/Donut/Bakery/Chocolatier
- 9 ☐ Ice Cream/Frozen Novelty
- 10 ☐ Buffet/Cafeteria/Banquets
- 11 ☐ Catering - On/Off Premise
- 12 ☐ Clubs - Social/Country/Golf
- 13 ☐ Concessions - Theme Parks/Sports/Entertainment
- 14 ☐ Conference/Convention Centers
- 15 ☐ Mobile Foodservice & Vending
- 16 ☐ Airlines/Commissary
- 17 ☐ Lodging/Casino/Cruise Ship
- 18 ☐ Other _____

Restaurant/Foodservice Non-Commercial

- 19 ☐ Business & Industry/Other Contract Foodservice
- 20 ☐ College/University Foodservice
- 21 ☐ Correctional Institution/Prison
- 22 ☐ Health Care/Retirement
- 23 ☐ Military/Military Clubs
- 24 ☐ School Foodservice

Retail

- 25 ☐ Convenience Store
- 26 ☐ Specialty Store/Gourmet/Deli
- 27 ☐ Supermarket
- 28 ☐ Wholesaler/Warehouse Club

What BEST describes your ownership?
(Check only one)

- 29 ☐ Chain-owned
- 30 ☐ Franchise/Independent
- 31 ☐ Independent
- 32 ☐ Multi-unit Headquarters
- 33 ☐ Non-commercial

Do you serve alcoholic beverages?
(Check only one)

34 ☐ Yes 35 ☐ No

36 **How many units do you represent?** _____

What are the annual sales at your operation?
(Check only one)

- 37 ☐ Under \$100,000
- 38 ☐ \$100,000 - \$499,999
- 39 ☐ \$500,000 - \$1,499,999
- 40 ☐ \$1,500,000 - \$4,999,999
- 41 ☐ \$5,000,000 - \$24,999,999
- 42 ☐ Over \$25,000,000

What is your purchasing role?
(Check only one)

- 43 ☐ Make decisions
- 44 ☐ Specify products/services
- 45 ☐ Influence decisions
- 46 ☐ No role

What is your PRIMARY job function?
(Check only one)

- 47 ☐ Corporate/Executive Management
- 48 ☐ Owner
- 49 ☐ Operations
- 50 ☐ Chef/Executive Chef
- 51 ☐ FOH Management
- 52 ☐ Beverage Management
- 53 ☐ Purchasing/Distribution
- 54 ☐ Accounting/Finance
- 55 ☐ MIS/IT
- 56 ☐ Marketing/Sales
- 57 ☐ Training/HR
- 58 ☐ Nutrition/Dietetics
- 59 ☐ QA/R&D
- 60 ☐ Design/Construction
- 61 ☐ Other _____

Lodging

What term describes your lodging operation?

- L1 ☐ Bed & Breakfast
- L2 ☐ Casino
- L3 ☐ Cruise Ship
- L4 ☐ Hotel
- L5 ☐ Motel
- L6 ☐ Resort/Spa

Number of rooms at your lodging location?
(Check only one)

- L7 ☐ Under 50
- L8 ☐ 50-150
- L9 ☐ Over 150

What is your PRIMARY job function?
(Check only one)

- L10 ☐ Corporate
 - L11 ☐ Front Desk
 - L12 ☐ General Manager
 - L13 ☐ Operations
 - L14 ☐ Owner
 - L15 ☐ Purchasing
 - L16 ☐ Sales/Catering
 - L17 ☐ Other _____
- Chef (please register under Restaurant/Foodservice)

What is your purchasing role?
(Check only one)

- L18 ☐ Make decisions
- L19 ☐ Specify products/services
- L20 ☐ Influence decision
- L21 ☐ No role

Dealer/Distributor

- D1 ☐ Beverage Alcohol Distributor
- D2 ☐ Beverage Wholesaler
- D3 ☐ Equipment Dealer
- D4 ☐ Food/Beverage Broker
- D5 ☐ Food Distributor
- D6 ☐ Supplies Distributor

Buying Group Affiliation:

Trade Association Membership:

Affiliated

- A1 ☐ Advertising/PR/Publications
- A2 ☐ Architect/Designer
- A3 ☐ College Student - Culinary/Hospitality
- A4 ☐ Consultant
- A5 ☐ Equipment Service
- A6 ☐ Exporter/Importer
- A7 ☐ Faculty/Admin/Training
- A8 ☐ Financial Services
- A9 ☐ Government Agency/Utilities
- A10 ☐ Information Technology
- A11 ☐ Manufacturers Agent/Rep
- A12 ☐ Specifier
- A13 ☐ Trade Association
- A14 ☐ Guest
- A15 ☐ Other _____

Supplier

- S1 ☐ Beverage Manufacturer
- S2 ☐ Equipment Manufacturer
- S3 ☐ Food/Ingredient Manufacturer
- S4 ☐ Supplies Manufacturer

Step 3 Payment Information

Full payment MUST accompany this form. A confirmation will be sent approximately 72 hours after receipt of form if an email address is provided. By registering, you give us permission to provide your contact information to our exhibitors. If you desire otherwise, you must contact us in writing. Refunds will be given on all cancellations received in writing by April 16, 2010.

\$40 per person if received
by April 16, 2010

\$80 per person after
April 16, 2010

☐ Check Enclosed

Made payable to:
National Restaurant Association

- ☐ American Express
- ☐ Diners Club
- ☐ Discover
- ☐ MasterCard
- ☐ Visa

Card Number

Expiration Date

Cardholder Name

Authorized Signature

Questions? Please call NRA Customer Service at (312) 580-5410 or email: nraregistration@restaurant.org